

APPLICATION DATA SHEET

Application Information

Application Number::	Not Yet Assigned
Filing Date::	March 31, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?::	
Number of Copies of CFR::	
Title::	ACUPRESSURE DEVICE FOR TREATING INSOMNIA
Attorney Docket Number::	43116-200028
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	Figs. 1(a) – 5(d)
Total Drawing Sheets::	6
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: China
Country:: China
Status:: Full Capacity
Given Name:: Wanzhu
Middle Name::
Family Name:: HOU
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: Maryland
Country of Residence:: U.S.A.
Street of Mailing Address:: 4801 Randolph Road
City of Mailing Address:: Rockville
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20852-2235

Applicant Authority Type:: Inventor
Primary Citizenship:: China
Country:: China
Status:: Full Capacity
Given Name:: Guangpi

Family Name:: XU
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: Maryland
Country of Residence:: U.S.A.
Street of Mailing Address:: 4801 Randolph Road
City of Mailing Address:: Rockville

State or Province of Mailing Address:: Maryland
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 20852-2235

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: (202) 344-4000
Fax Number:: (202) 344-8300
E-Mail Address:: fchao@venable.com

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
N/A	Continuation of		
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
N/A			

Assignee Information

Assignee Name:: N/A

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::